

AUTHORITY FOR RELEASE OF INFORMATION PERSONAL INQUIRY WAIVER

10 whom It May Concern:	Date
Standards and Training Counce obtain any information in your military service. I request cop I authorize the Idaho Peace Copies of this document for the This information will be used determining my qualification	, hereby authorize any representative of the Idaho Peace Officer cil bearing this release, or copy of it, within one year of its date, to refiles pertaining to my employment, law enforcement training and its be mailed to Idaho POST(initials) Officer Standards and Training Council staff to duplicate or make a purposes of authorizing the release of information(initials) to aid the Idaho Peace Officer Standard and Training Council in ons, eligibility, and fitness for the position of a certified tion/correction officer in the state of Idaho(initials)
other educational institution, or related personnel both individuals whatever kind, which may at compliance with this authorization with it. Should there be any indicated below(initials)	
have received a copy.	ght to receive a copy of this authorization and acknowledge that I
	ture:
Date of Birth / Place of Birth:	
Home Telephone Number:	
Current Residence Address:	
Notary Required:	
State Of	
Country Of	
On, 20,	personally appeared before me to be the signer of the
above instrument, and he/she acknow	
Notary Public	(SEAL)
My commission expires:	